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CASES OF OVARIOTOMY.

BY G. KIMBALL, M.D., OF LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 373.]

CASE V.—Miss —, of Boston, a lady 34 years of age, naturally healthy, and of excellent constitution, consulted me in December, 1860, on account of an ovarian tumor, with which she had been afflicted more than two years. It was first noticed in the right iliac region, and had gradually enlarged, till now it had attained a very large size, and was beginning to cause serious inconvenience, partly from its size and partly from its manifest effect upon the general health.

Various forms of medical treatment had been pursued, and, as is always the case, without benefit. Thoroughly informed as to the nature, as well as the inevitable termination of her disease, unless controlled by surgical interference, she concluded that her only chance of cure was in an operation for its extirpation.

In pursuance of this conclusion, the March following an operation to this end was attempted. By virtue of certain restrictions, however, as regards any important obstacles that might be encountered, the operation was not consummated. An explorative exposure of the cyst (the tumor consisting, apparently, of a single cyst) showed that it was pretty extensively and firmly adherent to the walls of the abdomen. Drs. Townsend and Cabot, who were present on the occasion, and to whose advice and assistance I was greatly indebted, both joined in the opinion that the removal of the disease under such circumstances would be attended with extreme danger, and was therefore, of course, inexpedient. The wound was closed and dressed without opening the cyst.

A protracted illness of several weeks followed this procedure—occasioned, no doubt, by a subacute form of peritonitis. She became finally restored, however, to her usual condition of health, and so continued, with the exception of the inconvenience necessarily in-

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cident to the regularly increasing size of the tumor, through a period of nearly three years. Toward the latter part of the third year it became a matter of necessity that relief should be had in some way, and that without much further delay.

In this view of her situation she resolved, notwithstanding the known difficulties of the case, to take the risk of the only operation which, to her mind, seemed to afford any chance of cure or permanent relief.

Extirpation being fully determined upon, Dr. Washington L. Atlee, of Philadelphia, was sent for, and the case fully considered in consultation at her house. His conclusion, as expressed at the time, was favorable for a successful operation. For special reasons, however, the measure was put off for another occasion—tapping being resorted to at the time, merely for the purpose of affording present relief. Fifty-six pints of a drab-colored, albuminous fluid having been drawn away from a single cyst, afforded immediate and decided relief, of course; and, after a few days' quiet in bed, she found herself in a condition more comfortable than she had experienced for many months before. It was a state of things, however, that continued for a short time only. The refilling began at once, and went on so rapidly, that in less than four weeks the tumor had reached a size more than two thirds as large as before being evacuated. The temporary advantage thus gained being so unsatisfactory, the plan of having the disease extirpated at all hazards, as had been previously determined on as a last resort, was finally carried into effect on the 17th of December, 1863, just four weeks from the date of the previous tapping. As had been already arranged, Dr. Atlee was sent for, and assisted in the operation. Drs. Townsend, Channing, Edward H. Clarke and Hodges were also present. Instead of putting the patient under the influence of pure ether, as had been my usual habit for several years past, I used, on this occasion, at the suggestion of Dr. Atlee, a mixture of ether and chloroform—two parts of the former to one of the latter—and with an effect highly satisfactory.

After first exposing a portion of the cyst by an incision about four inches in length, made in the median line between the umbilicus and pubes, the tumor was punctured with a trocar and pretty thoroughly evacuated before proceeding to its removal. In passing the finger through the opening thus made, it was at once arrested by adhesions, but not so unyielding as to prevent their being overcome by moderate force. As the operation advanced, however, this difficulty increased, the attachments proving firmer and more extensive than had been anticipated. In this state of things, instead of attempting to break them down by passing the hand into the abdomen between the cyst and the adherent parietes, the former was gradually pulled outward, and the attachments to the latter torn away as fast as they could be brought near enough to the incision to be easily reached by the fingers. The entire cyst was thus dislodged from

the abdominal cavity with scarcely any further enlargement of the original incision. The tumor was otherwise free, the adhesions proving to be limited entirely to the abdominal walls. No cutting having been resorted to, there was consequently very little bleeding. The tumor being now fully dislodged, it only remained to cut it away after its pedicle had been properly secured by a clamp. Upon examining the parts within the pelvis, before proceeding to close the wound, it was discovered, to the surprise of all, that there still remained another tumor (a diseased ovary), ovoid in shape, and with diameter not less than three by eight inches, unlike the one already removed, inasmuch as by a subsequent examination it was found to be a compound structure, partly cystic, and partly solid and semi-solid, with a variety of compartments filled with contents of various color and consistence. Being found free as to adhesions, it was easily dislodged and cut away, its pedicle having been first embraced in a second clamp.

The operation having now been completed, the wound dressed, and the patient properly disposed in bed, it was very soon discovered that blood was escaping from the wound; moreover, that the flow was disposed to increase rather than diminish. An immediate re-opening of the wound showed at once the source of trouble—the bleeding proving to be an oozing from one or two points from which the adhesions had been torn away. A very slight touch with a solution of the persulphate of iron controlled it at once. A third of a grain of morphine was given as soon as the dressings had been re-adjusted, after which the patient became quiet, passing the following night pretty comfortably.

During the next day, no unpleasant symptom appeared; but in the course of the second night severe vomiting came on, and continued in a greater or less degree till the next evening, and then ceased. Two full days had now elapsed since the operation, and for the forty-eight hours following the patient continued in a comfortable state, giving reasonable promise of ultimate recovery. In the meantime she took some nourishment and stimulants, with now and then an opiate to control an occasional pain in the abdomen.

On the fifth day the symptoms changed for the worse; the paroxysms of pain returned at shorter intervals, and with increased severity; the abdomen became slightly tympanitic; the pulse, hitherto not exceeding 100, quickened to 120, with other characteristic symptoms that gave unequivocal evidence of fully established peritonitis. These symptoms went on with increased intensity for two days longer, and finally terminated in death on the sixth day after the operation.

Post mortem, 24 hours after death. On exposing the cavity of the abdomen, the evidences of inflammation were found extensive. The peritoneum lining the anterior and lateral portion of the abdominal cavity was covered with numerous flakes of lymph, and so too were the intestines to a considerable extent. An effusion of sero-puru-

lent fluid to the extent of two pints or more occupied the iliac and pelvic cavities; and this, likewise, contained shreds of lymph. The viscera, so far as appeared, were free from disease, and there was nothing that indicated a secondary bleeding.

This operation was undertaken with serious misgivings as to its result. The already ascertained fact of adhesions was sufficient of itself to indicate that in order to overcome them considerable violence would be necessary, and that, consequently, there would follow a greater or less degree of inflammation. The extent of this difficulty had not been over-estimated. On the contrary, it proved to be greater than had been calculated. Again: the circumstance of the discovery of a second tumor, though of less consequence on account of size and the difficulty of removal, was nevertheless an important element in estimating the probabilities of recovery. As regards both of these circumstances, however, even supposing that they had been fully understood beforehand, they would probably not have been reckoned by the patient as sufficient reasons for abandoning her fixed purpose of getting rid of her malady. A great portion of the three years following the explorative operation had been passed in great personal discomfort; and the time had finally come when she had to choose either a mere palliative course which she well understood would, at best, only add a few more months to a life that promised nothing but additional suffering, or to take her chance with an operation which, though attended with great danger, might, *perhaps*, restore her to perfect health.

The conclusion to which she finally came was in no degree influenced by her physician or friends; on the contrary, it was the result of a deliberate and intelligent estimate of the probabilities involved in her case—so far, at least, as such an estimate could be formed by a mind highly cultivated, and in all matters scrupulously controlled by conscience.

Several of the circumstances in this case, if considered collectively, might well be reckoned as affording sufficient cause of death; yet compared with certain difficulties known to have occurred in certain other cases of this kind of which we have record, recovery might not have been considered as very remarkable. The mere bulk of the tumor, though unusually great, was probably of little account as affecting the chances of recovery; the breaking away of adhesions, together with the lesions incident to the removal of a second tumor, were probably the chief causes that gave a fatal termination to the case. It was certainly a very unusual combination of unfavorable conditions; so much so, that it would be difficult to find an instance like it on record. And while, on this account, it becomes a case of more than ordinary interest, it ought in no degree to lessen our estimate of the importance and value of the operation in that large class of cases where it becomes the only means by which life may be saved.

TWO CASES OF CARIES OF THE SPINE.

BY CHARLES H. SPRING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

CASE V.*—Ella, daughter of B. McQuillan, of this city. I first saw this case Feb. 1, 1863. She was then 2½ years of age; at birth she was a large child, weighing twelve pounds, and continued healthy till she was seven months old, when she was attacked by disease of the hip-joint. Six months later, disease of the spine manifested itself, involving the second and third dorsal vertebræ. When I first saw her she had never walked; she was very much emaciated, in fact, a mere skeleton, and weighing but ten pounds. The skin was dry and harsh to the touch, the curvature quite prominent, and there was great difficulty of breathing; the countenance was pinched and anxious, and she slept but little at night. There was some swelling over the left hip-joint, with considerable tenderness. The appetite was poor, and there was a tendency to diarrhœa. In every respect it was the most unpromising case I have met with. It seemed as if there was hardly a sufficient degree of vitality to respond to any course of treatment; she had lost all power over the limbs, and had but little control over the discharges from the bowels and bladder. The treatment consisted of the application of external support in such a manner as to relieve the pressure upon the diseased vertebræ and support the spine. *Ferri et quiniæ citras.* was prescribed, with a sitz bath in which sulphuret of potassium was dissolved.

During the first few weeks the gain was very small, and cod-liver oil was substituted for the iron and quinine with manifest benefit. I find in my note-book that by April 5th she had gained one pound in weight, and slept very well at night; the countenance had assumed a better appearance, and the skin appeared more healthy. May 27th, she weighed fifteen pounds.

She continued to improve during the following summer and winter, the difficulty of breathing was entirely relieved, and her general health became as good as that of other children of her age. The curvature has been lessened and she is able to walk, having recovered the use of her limbs perfectly, with the exception of the difficulty in the left hip-joint—which, though improving, prevents her from bearing her full weight upon it.

During the month of April last she had a severe attack of erysipelas, extending over the face and neck, but she recovered from it perfectly, with no recurrence of the previous symptoms. It has been considered that the recumbent position was favorable in the treatment of diseases of the spine, as that was the principal point gained in the "inclined plane," but this child was kept in the recum-

* Cases III. and IV. were reported July, 1862.

bent position most of the time on account of the disease of the hip-joint, and yet it was under these circumstances that caries of the vertebræ developed itself.

The recumbent position affords rest to the diseased vertebræ, but unless the patient is restricted to one position it does not afford that perfect security that can be obtained by mechanical appliances properly adjusted.

CASE VI.—Arthur, son of S. O'L., of Chelsea. The history, obtained of his parents, is as follows:—At four years of age, he had a fall, striking upon his back, soon after which he began to complain of pain in the back, and after playing a short time he became tired and wanted to lie down. The pain in the back increased, and in a few months a projection of the spine was discovered, which continued to increase rapidly until the time I first saw him, which was in September, 1861, at which time there was a large curvature involving the eighth, ninth and tenth dorsal vertebræ. The child was very much emaciated, and the scrofulous diathesis strongly marked, with light hair, a pale and almost bloodless complexion, and the skin dry and unhealthy, as is usually found where chronic disease exists in a strumous subject. The head was large and the abdomen protuberant. He was able to walk but little, and that only by resting his hands upon his knees; he suffered much from pains in the bowels, and the difficulty of breathing was, at times, very great, and it was increased upon slight exertion.

In moving him it was necessary to exercise the greatest care, as a slight jar or an incautious movement increased the pain in the abdomen. The treatment of this case was similar to that of the preceding cases. Cod-liver oil and iodide of potassium was prescribed, and mechanical support applied in such a manner as to relieve the diseased spine of the weight of the body and cause it to rest more entirely upon the hips; at the same time it tended to restore the spine to its normal position. This course of treatment was followed by marked relief and improvement in the size of the curvature. At first there was a strong tendency to the formation of a lumbar abscess, but this subsided as soon as the curvature—which was the cause of it—was relieved. The patient was allowed to go out of doors and engage in the usual sports of children with but little restraint, as the apparatus interfered but slightly with the natural movements of the body.

He now stands perfectly erect, the curvature having been reduced to a considerable extent, being not more than half as great as it was when I first saw him, in August, 1861.

One of the most prominent difficulties in caries of the spine is the tendency to the formation of abscesses. The pus formed around the point of disease burrows beneath the sheaths of the muscles and comes to the surface in some place remote from its origin, usually in the femoral or inguinal region. In one case, that has recently

come under my care, there is an abscess discharging upon the line of the sartorius muscle, midway between its origin and insertion, the pus originating from carious dorsal vertebræ, and burrowing beneath the sheath of the iliacus internus, it passes into the sheath of the sartorius and discharges at the place before mentioned on the left side; on the right side, there is a second abscess opening just below Poupart's ligament. These continued to discharge freely until the back was properly supported, when the discharge began to diminish.

These abscesses are, in the majority of cases of spinal caries, the cause of a fatal termination; as the system, reduced by the previous disease, is but illy able to endure the exhausting discharge from these sinuses. I have found that by applying proper support to the spine these can be prevented where they have not already formed, and the same course will check them when they are already discharging. Among nearly one hundred and fifty different cases of spinal disease there have been but *two* in which abscesses have formed after support has been applied, and in these two the support was not continued in the manner directed.

Out of seven cases that have come under my notice, where abscesses were already discharging, there was but little difficulty in arresting the discharge of pus, except in one case, where it commenced several years previous, and the disease had progressed to such an extent that but little hope was entertained that benefit would result from any course of treatment. In one case the discharge was lessened two thirds within one week from the time the support was first applied to the back, and that, too, with no local treatment directed to the abscess itself.

PROF. GREENE'S CLINIC AT BERKSHIRE MEDICAL COLLEGE.

REPORTED BY FRANK E. PADDOCK.

[Communicated for the Boston Medical and Surgical Journal.]

OCT. 21, 1862.—*Encysted Tumor of Neck*.—James T., aged 20. Has, upon the posterior part of his neck, immediately to the left of the spine, an encysted tumor which has been growing three years, and has been painful during the last six weeks; is now the size of a goose's egg.

The tumor was found, upon cutting down upon it, to be attached by a pedicle to the transverse process of the fifth cervical vertebra, which was carious; this was removed with bone forceps. The wound was then closed with silver wire sutures and healed by first intention, except where a few ligatures protruded that kept up a healthy discharge until cast off. The cyst contained an atheromatous material, with fibrous bands of lymph extending across from side to side in

the most dependent portion of the sac, which were probably the result of inflammation.

Granular Conjunctivitis.—Ella F., aged 18 yrs. Has been troubled with sore eyes for two years; has granular lids with opacities of the cornea, producing partial blindness: has heretofore received local treatment exclusively. Prof. Greene spoke of the fundamental importance of constitutional treatment in these cases, unless they were purely of traumatic origin. Local treatment is important as a palliative and adjuvant, but is not of itself curative. This girl was weak, anæmic, had constipation and anorexia. Dr. Greene prescribed potass. iodid., 3 ij.; syr. sarsa. comp., f 3 viij. M. A table-spoonful to be taken before each meal, and laxative pills at bedtime. Locally, glycerin., f 3 j.; acid. tannici, 3 j.; to be applied twice a day.

Recovery was complete in two months.

Sub-acute Synovitis.—Julia F., aged 33 years. Fell, striking the left knee upon the corner of a block of wood, causing, temporarily, severe pain and tenderness, which gradually subsided, to be soon followed by moderate pain, swelling, and tenderness of joint. The swelling corresponded in outline to the line of insertion of the synovial membrane, and fluctuated distinctly. The patient was anæmic; with little appetite; bowels constipated; menstruation regular. Dr. Greene spoke of the great danger, in these cases, of pushing anti-phlogistic treatment too far, which often so debilitates the system that the local disease remains, simply from failure of the nutritive forces. The simple indications here, were to regulate the bowels, improve the appetite and general strength, keep the inflamed part at rest, and stimulate the absorbent system. These were fulfilled locally by the application of a splint to the limb, and tr. iodinii to the joint; and internally by the administration of quin. sulph. before, and syrup. ferri iodid. after each meal. A laxative pill was given at bedtime, containing pulvis aloes, 3 j.; ext. hyoscyami al., ʒjss.; ext. nucis vomicæ al., grs. x.; ft. pil. no. xxx.

The patient was entirely well in six months.

Ulcerated Stump.—Henry S., aged 35 yrs. Had his left leg crushed by a rail-road car two years ago. The limb was amputated six inches below the knee; the flaps were made very small, so that straps of adhesive plaster were extended across the end of the stump, and up for some distance on both sides of the limb, to overcome the contraction of the muscles and bring the edges of the flaps into coaptation; consequently, great pressure was produced upon the tissues covering the ends of the bones, which soon caused extensive sloughing of the flaps, and finally a large ulcerated surface that had resisted all of the numerous attempts that had been made to heal it.

Prof. Greene remarked, that the great danger in making amputations below the knee is, that, owing to the severe spasmodic muscular contraction following an operation, the posterior flap may be left too

small to cover the stump without some tension; that there is very much more danger of getting the flap too small than too large; that the flaps must be ample, to expect a good-looking, healthy stump as the result of any amputation. Prof. G. also stated that when the flaps were necessarily small, from injuries or other causes, the contraction of the muscles can be overcome by applying adhesive straps to the sides of the limb over the muscles, and making extension by means of a cord and pulley as in treating a fracture, thus obviating the necessity of producing pressure upon the end of the stump.

Professor Greene also spoke of the necessity of removing the sharp angle of bone remaining upon the anterior surface of the tibia after being sawn through, this being one very frequent source of the inflammation and sloughing following amputations below the knee. An examination of this case proved the tibia and fibula to be carious nearly to the knee joint. Prof. Greene advised a re-amputation above the knee, which he performed by the circular operation. The stump healed very readily without further treatment. The health of the patient, which before had been failing, is now rapidly improving.

Valvular Disease of Heart.—Grace H., aged 16 years. Has had occasionally, for two years past, pain in the left chest, violent exercise causing dyspnoea and palpitation; had inflammatory rheumatism previous to the appearance of these symptoms. Apex of heart was found on examination to extend to the left of the nipple, and dulness over a larger surface than in normal conditions of this organ. Mitral regurgitation was proved to be present by the usual signs. Prof. Greene spoke of the great liability of organic cardiac disease to originate in inflammatory rheumatism, especially in those cases receiving homœopathic treatment. He also remarked that, in his opinion, with proper treatment acute inflammatory rheumatism, in the majority of cases, can be entirely controlled in ten days without the cardiac complication that so often occurs in this disease. The cardiac affection is frequently latent, the symptoms not appearing until after the subsidence of the articular inflammation. The indications in this case seemed to be for tonics, eliminatives, and an arterial sedative to control the action of the heart. The first was fulfilled by syr. ferri iodid., the second by alkalies, the third by veratrum viride, q. s., to control the circulation. Under this treatment the patient improved rapidly in her general health, the cardiac murmurs being partially removed.

LETTER FROM PHILADELPHIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—After much tribulation in one instance, we have succeeded in filling the chairs so recently made vacant in our two medical schools. Dr. B. H. Rand, Prof. of Chemistry in the Cen-

tral High School, has been elected to that branch in the Jefferson Medical College; and Dr. A. Stille to the Chair of Practice of Medicine in the University. These are excellent appointments.

We have just held a session of the Pennsylvania State Medical Society, which was largely attended; valuable and numerous papers were read from all parts of the State, and great harmony prevailed. The Great Central Fair in aid of the Sanitary Commission formed a great point of attraction for the delegates from the country, and perhaps contributed much to the attendance by said gentlemen.

The Convention adjourned to meet next year at Altoona; this will be the first meeting out of Philadelphia for several years, and is regarded as a hazardous experiment by some of the older heads in the Association.

Too little interest is felt, as a general rule, in these meetings; the delegates generally appearing anxious to hurry up matters and return to their homes, regardless of the great subject of medical organization which they are specially delegated to attend to. In fact, it would seem that the whole affair is looked upon as a sort of frolic or recreation, a "letting up" from the dull routine of practice, and therefore, the few days spent in the city are more devoted to pleasure and "sight-seeing," than attendance on the sessions of the Society.

We have now a home for our societies in the shape of a commodious hall built by the College of Physicians, our oldest medical association, in fact one of the oldest in the country. The building is of brick, fire-proof, with plenty of rooms, but, in several respects, of miserable construction. One room, much used, is so formed that hearing is almost impossible at any distance from the speaker, and adding to this the incessant noise of travel on both its fronts, destroys all pleasure in listening to a lecture or debate.

Yours, &c.,

N.

Philadelphia, June 29, 1864.

THE PROPAGATION OF DISEASE BY SHIPPING.

By A. N. BELL, M.D., LATE P. A. SURGEON U. S. NAVY, &c.

In the early history of quarantine, the Southern States of Europe professed, in most cases, to trace the outbreak of plague to the arrival of some ship, hence their commercial cities were almost wholly closed against navigators; and the goods of any one importing the plague were confiscated. These restrictions were based upon the contagiousness of plague; and, as it was found that other malignant epidemic diseases frequently emanated from vessels arriving from almost every clime, in default of ship-ventilation and cleanliness, these, too, were deemed contagious, and subjected to the same restrictions. Hence, plague soon became a common synonym for all diseases propagated by infected vessels.

Du Tertre, in his history of the French Antilles, states that in 1648, the plague, unknown in these islands since the time they were inhabited by the French, was introduced therein by some vessels. Rochefort, too, in his history of the same islands, states that the plague was formerly unknown there as well as in China, and some other eastern countries, until it was carried thither by shipping. Traphan, in his "State of Health of Jamaica," writes of an epidemic that prevailed there in 1671, which was connected with the return of the fleet from the signal Panama expedition. And, according to Moreau de St. Mery, in his history of St. Domingo, the same disease was transported by shipping to St. Christopher's and to Port de Paix. Thence it was traced by Ferreyra de Rosa and Hughes; to Pernambuco, Martinique, and to the Barbadoes.

Hutchinson, in his history of the Massachusetts Bay, states that a fleet which had been fitted out for the purpose of being employed in the winter for the reduction of Martinico, being diverted from its course and returning to Boston from the West Indies, June 17th, 1692, had buried 1,300 out of 2,100 sailors, and 1,800 out of 2,400 soldiers. The distemper spread to Boston, and was more malignant than even the smallpox, or any other epidemic that had been in the country before. In 1699, the same disease, though by this time it began to be more particularly known as yellow fever, was, according to Watson's Annals, imported from Barbadoes into Philadelphia. During the same year William Penn, after an absence of fifteen years, returned; and, by his advice, the Colonial Assembly met at New Castle in 1700, and passed an "act to prevent sickly vessels coming into this government." This was the first legislation in America on quarantine. Yet the recurrence of winter having destroyed the epidemic, occasion, it appears, did not require the enforcement of the law until 1728, in the case of two vessels from Bristol, England, infected with malignant fever. From this time onwards, the various ports in the other colonies gradually adopted the same system with various degrees of severity; and merchants and captains were forced into their observance under heavy penalties. Passengers arriving in infected vessels were cruelly kept on board to sicken and die of diseases from which they would have escaped, without danger to any one, had they been permitted to leave their infected prisons.

In 1738, this evil had become so great at Philadelphia, in consequence of the large number of immigrants in infected vessels, that a quarantine establishment, or *pest-house*, was instituted. This example, too, which was not without precedent in Europe, was speedily followed by other American ports. Acting on the erroneous doctrine of the contagiousness of epidemic diseases, it soon became common to vent the most rigid restrictions against passengers and crews, and to proportionately relax on vessels and goods. Personal contagion henceforth became both popular and profitable to the mer-

chant, because no matter how dangerous soever the ship, or goods imbued with the poison from her, if some unfortunate person could only be found to have had communication, upon him the whole power of the law was visited; and upon his shoulders was thrown the responsibility of carrying the disease. Meanwhile, the vessel was pressed to pratique and unladen—again speedily reladen with fresh material for fomites, and sped off to some new place to disseminate the seeds of death. This is no fancy picture, but a sad reality. It would indeed be easier to trace the propagation of epidemic diseases by the progress of commerce, for the past century, than for the last which preceded. It will suffice, however, for the object of this paper to point out some of the most recent illustrations, such as can be verified by living observers.

It is a remarkable fact, that it has only been since the discovery of gold in California, and the consequent rush of shipping from the ports of the Atlantic, that yellow fever epidemics have prevailed on the Pacific shore. It is well known that in the years 1851–2, the harbor of Rio Janeiro was crowded with shipping, with flags at half-mast, as the signal of yellow fever on board. How many of these vessels were destined for the Pacific we have no means of ascertaining. A few, however, have been clearly traced. About the middle of the year 1851, the steamer *New World*, on her way to California, touched at Callao, after having lost almost her whole crew by yellow fever in Rio. The steamer *Quito*, from England, by way of Rio, where she lost several of her crew by yellow fever, arrived at Callao in April, 1852.

The first German emigrant ships arrived in Callao in December, 1851. During the early part of the year 1852, a mild form of fever broke out in Lima, and along the coast of Peru, which was vulgarly designated "pelusa," just as in 1849, the precursory form of fever, under the name of "polka," prevailed at Rio. From this nucleus the disease speedily developed itself into a perfect type of yellow fever, and has prevailed extensively and almost annually ever since.

In the fall of 1854, the steamer *Ben Franklin* sailed from New York on a filibustering enterprise to Central America. Failing in this she went to St. Thomas, where she remained several months during the prevalence of a severe epidemic of yellow fever on shore; thence, with many passengers on board, to Norfolk, Va., where she arrived June 6th, 1855; first, however, having transferred her passengers to the Baltimore steamboat in the bay. The vessel came to anchor at the quarantine, about a mile from the city, and was reported by her captain to be in a perfectly healthy state. On the 18th of the month, the health officer, having for the second time visited the vessel, and finding no appearance of disease on board, admitted her to pratique. She went up to Portsmouth the next morning, having been anchored at quarantine thirteen days.

On the 5th day of July, a man who had been working on the boiler

of the *Ben Franklin* on the 3d, was taken sick, and died on the fourth day afterwards, with unmistakable symptoms of yellow fever. The next day, on the 8th of July, the vessel was sent back to quarantine. Another case, of a man who had been engaged on board the vessel one week, occurred on the 30th of June. This case ran a less rapid course, but finally died with black vomit on the 17th of July. After the ship was sent back to quarantine several other cases occurred on board, and were sent to the hospital. The first cases on shore, among persons who had no communication with the vessel, were in the neighborhood of the wharf where she commenced breaking out and repairing. It was subsequently ascertained that the *Ben Franklin* had a number of cases on board, and several deaths at St. Thomas; and that there were three cases, two of them fatal, on the voyage to Norfolk. Among the passengers who were transferred to the Baltimore boat in the bay, no case occurred. Fortunately for them, by the false representations of the captain of the *Ben Franklin*, they escaped the strictures of quarantine.

In October, 1857, the U. S. steamer *Susquehanna* was ordered from Spezzia, Sardinia, to San Juan de Nicaragua, where she arrived early in December; having touched, by the way, at Genoa, Madeira, and Key West. She remained at San Juan until the first of the following April, having had, during the whole period of time there, a constantly enlarging sick list of a precursory fever. At first, intermittent, then remittent, but all recovering, until, the 20th of March, a case became malignant and died.

The ship put to sea on the 1st of April, and on the 5th arrived off Port Royal, Jamaica, with one hundred and six officers and men down with yellow fever. Most of these were sent to the hospital, and, on the third day afterwards, the ship left Port Royal for New York. The sick list rapidly increased during the passage, and upon arrival at New York quarantine, on the 15th of April, there were fifty patients on the sick list.

The remarkable feature in this instance is, that at San Juan, where the yellow fever first appeared on board the *Susquehanna*, there was no yellow fever, and the disease has never been known there. Yet all the climatic conditions calculated to produce it exist in great abundance. The circumstance, therefore, cannot be regarded otherwise than as illustrating the peculiar liability of a ship, even above the most favorable conditions of shore, for the origination of infection. It is also a remarkable illustration of the fallacy of attaching the danger of communication to personal contagion, instead of to the infected material of commerce. It was fortunate for the place, that the *Susquehanna* left so soon. The same thing has been exemplified on numerous other occasions. The propagation of yellow fever to Bay Ridge, from the quarantined shipping of New York in 1856, is an equally prominent example. The restrictions imposed upon persons that year, and previously, at the New York quarantine, had no

more influence in restraining yellow fever than would be exercised at the present time over the prevalence of cholera infantum by shutting up a dozen families from the Five Points, because their children are dying with it. Yet the absurdity of the practice in the one case, and of the mere suggestion in the other, is only equally palpable with the neglect of the true source of danger in both alike.

The bubbling of villainous smells from the liquid filth of some of our streets serves to warn the passer-by of his near approach to the source of the river of death. And so, too, the dark, damp hold of a filthy vessel from a warm climate, with a stagnant pool of bilgewater at her keelson, leaves no less doubt of her dangerous condition. Yet both alike are unheeded.

That the chief danger of epidemic diseases consists in personal contagion, no well-informed person now believes. Hence, to subject *a person* to quarantine is no less an outrage against common sense than personal freedom. Yet epidemic diseases are propagated by commerce now with no less certainty than they were before quarantine was ever thought of; and the arrival of a fleet, or even a single vessel, "with a direful plague aboard," at the wharves of New York now, would be fraught with no less danger to the inhabitants than was realized by the arrival of Sir Francis Wheeler's squadron at Boston in June, 1692. With perpetual local conditions, such as the municipal authorities of New York and Brooklyn appear to habitually enjoy during the summer months, originate the diseases which carry off more than one fourth of the human race! Under such auspices are produced all the fatal epidemics; and that they do not prevail so constantly here as they do in Vera Cruz, Bengal, or Cairo, is in no respect due to a more intelligent administration of sanitary measures, but wholly depends upon our natural advantages of locality and climate.

Some of the most odious restrictions of quarantine have of late years been removed. But the misfortune is, that wholesome measures have not been substituted in their place. By successive cruising in warm climates, vessels are continually liable to contract, generate, and retain infection. And, unless effectually *destroyed* when it has once become manifest, it is perpetually liable to new outbreaks, and to the danger of being communicated to the material of commerce or to new places favorable for its reception. Mere detention at quarantine, exposure to a temperate atmosphere, deodorants and fumigants, are, it is well known, worse than useless measures, for they only serve to give confidence in a false security. Under the new quarantine law at New York, there is provision for the most efficacious means of disinfection. And if the Health Officer of this port is properly seconded in his efforts by the merchants in the *application of extreme degrees of heat and cold* to infected vessels and merchandise, we may indulge a reasonable hope of a true reform. One that will not only give the merchant his ship and goods in the shortest

possible time, but which will also protect the community from the danger of infection from shipping.—*Hunt's Merchants' Magazine.*

ON SOME POINTS IN THE MEDICINAL TREATMENT OF CHRONIC PULMONARY CONSUMPTION.

By JOHN K. SPENDER, SURGEON TO THE EASTERN DISPENSARY, BATH.

THE multiplicity of remedies recommended for the treatment of pulmonary consumption is apt to embarrass the Practitioner whose experience of the disease is small, and who has not gathered very accurate and definite views of its pathology. Careful clinical records, drawn with precision, but not too long, are a better help to the study of constitutional and local phthisis than most "systematic" treatises; the bedside itself being, of course, the best place of all.

In a recent work on "Diseases of the Chest"—a work of considerable merit and importance—we may find illustrations of a common defect in what are called systematic books. "Undue acidity of the stomach" is mentioned as a frequent concomitant of pulmonary consumption; but we are advised to give the patient "mineral acids, with vegetable bitters and taraxacum," and if these do not answer, "liquor potassae, carbonates of the alkalies, or nitrate of bismuth." It is not easy to understand how "undue acidity" can be removed by administering more acids, and it would seem more intelligible at least to try the alkalies first. A number of substances are specified as possessing useful "alterative" properties, and the cough is to be allayed by one or more of a long catalogue of drugs. The most serviceable medicine for relieving night-sweats is not named at all. The treatment of acute phthisis is dismissed in remarkably few words. There is, in short, an entire absence of any emphatic recapitulation of what we have to do, why it is to be done, and how we can most satisfactorily do it.

It has passed almost into an aphorism, that the fact of a large number of substances being alleged to cure a disease is a demonstration of its incurability. But the surest method of lessening our therapeutic ignorance is, first, to ascertain the exact limits of our knowledge, and then to make the most of all the certain knowledge we possess. And the history of the treatment of consumption shows that the number of authentic remedies for it has diminished in a tolerably close ratio with the increase of our trustworthy information concerning its pathology.

(*a*) Dr. Hughes Bennett lays down as a fundamental fact, that "phthisis pulmonalis is a disease of the primary digestion;" this disease producing scrofulosis, or that constitutional state which precedes the development of tubercle. The "excess of acidity in the alimentary canal" is the peculiarity of phthisis, so that the "alkaline secretions of the saliva and of the pancreatic juice are more than neu-

tralized, and rendered incapable of either transforming the carbonaceous constituents of vegetable food into oil, or of so preparing fatty matters introduced into the system as will render them easily assimilable." Upon this pathological axiom we build the first therapeutic necessity, that alkalies are, as a rule, beneficial in phthisis.

(b) The blood of a consumptive person is almost always deficient in red corpuscles; for red corpuscles can be fashioned only from healthy chyle corpuscles, and healthy chyle corpuscles cannot come from "diseased primary digestion." Hence, we deduce the second therapeutic necessity, and we administer iron in addition to abundant meat food, for the power of iron in helping the formation of red blood corpuscles is a therapeutic proverb. With reference to the general question of the administration of iron in phthisis, the great authority of Trousseau must, in my opinion, be set aside.

(c) The emaciation which accompanies—and is one of the special peculiarities of—pulmonary consumption suggests the third therapeutic necessity,—that of prescribing hydro- and hydra-carbonaceous foods and medicines. Owing to some unique chemic and dynamic qualities, cod-liver oil fulfils this necessity in an unrivalled way.

Other remedies may be required in pulmonary consumption, but they are demanded as mere auxiliaries, and should be supplied as such. They are simply to be grouped around those that satisfy the three main therapeutic postulates just enumerated,—that is to say, (a) we ought to give an alkali; (b) we ought to give iron; and (c) we ought to give cod-liver oil. Let us now examine the manner in which these postulates can be carried out.

(a) Potash water, bicarbonate of potash, lime-water, and the aromatic spirits of ammonia, are the alkalies which would be naturally employed. Dr. T. K. Chambers is the unwearying advocate of the benefits of lime-water; it may be taken as a common beverage, or in union with fresh cold milk. Tradition pronounces the aromatic spirits of ammonia to have "diffusible stimulant" virtues, whatever those may be; it is a most useful medicine when diarrhoea is absent, but otherwise the bicarbonate of potash and lime-water are to be preferred. I do not pretend to affirm that acids are never called for, and never serviceable; for sometimes they do good simply as a short change from an over-alkaline treatment.

(b) What salt of iron can be combined in solution with an alkali? This is the practical question to solve. The tincture of sesquichloride of iron is clearly out of the question; while the ammonio-citrate and the sulphate of iron are decomposed and precipitated when an alkali is added to them. An inquiry into the resources of the Pharmacopœia discloses a potassio-tartrate of iron, resembling in physical properties the ammonio-citrate, but endowed with the chemical property of allowing an alkali to be added to it without decomposition. A draught such as the following is a pleasant piece of pharmacy, and may be taken by a patient twice or three times a

day:—R. Ferri potassio-tart., gr. v.; spts. ammoniæ arom., ℥ xv.; spts. ætheris chlor., ℥ x.; aquæ puræ, ad ʒ j. M. ft. haustus.

This is the elementary iron and alkaline draught which, when opportunely given, has produced results that have seldom disappointed me. To this draught iodide of potassium and chlorate of potash may be joined, if either of these salts seem to be required by any intercurrent malady. The administration of iron is usually contra-indicated by diarrhœa; but if this exist as a mere passive flux, the saccharated carbonate of iron may be united with the compound chalk and opium powder, and continued for a long time. Here the remedies themselves are unaltered, but their form is accommodated to a casual incident of phthisis, which imperatively requires to be relieved before the "primary digestion" can do its proper functions.

(c) It is desirable to prevent an undue multiplication of the "times and seasons" for taking physic; and so the appropriate doses of cod-liver oil may, if the patient choose, be added to the iron and alkaline draught, with which it is easily miscible.

Subordinate to these three great principles of medicinal treatment, which can almost always be simultaneously carried out, particular remedies may be requisite to meet particular exigencies.

Dr. Hughes Bennett justly condemns that over-drugging plan which treats symptoms rather than causes; and which, among other things, suffocates a cough by narcotic medicines. But before the constitutional remedies have had time to amend that irritative state of bronchial passages and tubes on which cough mostly depends, morphia may be very useful—taken in a daily dose at bed-time. With this may be combined some port-wine, and a few grains of oxide of zinc, the agency of which salt in alleviating night perspirations Dr. Theophilus Thompson has not in the least overrated.

During the last twelve months, I have watched almost from day to day nearly thirty cases of pulmonary consumption, in which the medicinal treatment now sketched has been faithfully carried out, and with very notable success. Concerning the permanence of this success, time will bear its testimony. The orthodox diet and hygiene have, of course, had ample share in realizing this good result. Experience teaches patience, however; and it is the merest empiricism to be in any hurry about the management of what is often the type of a chronic disease. The "pre-tubercular" stage of phthisis is not a formula only, but an important vital fact; and whenever, as Professional men, we get hold of this "pre-tubercular" stage, we should try and lay our therapeutic and hygienic foundations firm and deep, in the hope of literally obeying that true, though hackneyed, precept, that "prevention is better than cure." But, when opportunity does not allow us to "prevent," let us not always despair of curing; and, at the worst, let no adherence to a stupid and ignorant routine forbid us to grant, when possible, that euthanasia which is to no one a more blessed boon than to the consumptive sufferer.—*London Medical Times and Gazette.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, JULY 7, 1864.

INDISCREET RECOMMENDATIONS.—In our last number we endeavored to impress upon our readers the necessity of preserving a strict reticence in private conversation, with regard to the relations existing between physician and patient; but of no less importance are the results which still oftener follow the injudicious public expression of our commendation of persons or things. In the one case, a momentary indiscretion or betrayal of confidence may bring ruin or disgrace upon a person or family; in the other, the physician's desire to oblige, or dislike to refuse, leads him to thoughtlessly sign his approval of a man or measure, which may be the cause of most serious consequences to the public. It is certainly not a pleasant matter to refuse an acquaintance a recommendation, if he ask for it; and we do not sufficiently reflect that, however cool and guarded our doubts of the applicant's fitness may make our expressions, it is almost wholly our name in connection with it, which will be considered by those to whom the petition is addressed. We have in mind a recent instance of the appointment to an important position of an unfit person, upon the recommendation of a gentleman of our profession, whose name was considered an unquestionable voucher of any man's competency, and whose thoughtlessness has been the indirect cause of great inconvenience and injury to others. We are very cautious in signing our names to a paper which may render us personally liable to pay dollars and cents on condition, but the possible losses the effect of our signature may bring upon others, are not allowed to outweigh the unpleasantness of using that manly monosyllable—no. If we were held accountable for the integrity of those who are lifted into public confidence or important positions by our guaranty, and our own character were made to suffer if theirs proved false, our national honor would be less often disgraced, and much misery would be prevented.

It is not physicians alone, however, who are thus incautious in the employment of their names. Some of our readers are themselves, even now, losers to a considerable extent, through the dishonesty of a collector whose honor and integrity were most confidently vouched for by several well-known merchants, and upon whose recommendation this person was trusted and employed by them. Were these gentlemen obliged to refund the sums, of which they were instrumental in depriving their owners, it is very certain that they would never again recommend an improper person for so responsible a position.

Again, we sometimes rashly lend the influence of our names to a measure which we partially approve or only partially understand, and are surprised at last to find ourselves represented as fully endorsing what we never intended to advocate. A communication lately appeared in an evening paper of this city, soliciting subscriptions in behalf of a Hospital for women and children. This may be a desirable object, but we question if the gentlemen whose names appeared in

support of it were delighted to see them attached to a communication of somewhat questionable taste in a non-professional print, and we doubt if they intended thus to publish their approval of the system of committing a hospital to the medical care of female practitioners, an interpretation which will without doubt attach itself to this measure among the profession.

THE following beautiful tribute to the memory of Dr. John Ware and his son Dr. Robert Ware, was read by Dr. Holmes at the collation of the Massachusetts Medical Society, on the occasion of their late anniversary. Dr. Holmes has written few things more just and appropriate than this touching poem. It appears in the *Atlantic Monthly* for July.

IN MEMORY OF J. W.—R. W.

No mystic charm, no mortal art
Can bid our loved companions stay;
The bonds that clasp them to our heart
Snap in death's frost and fall apart;
Like shadows fading with the day,
They pass away.

The young are stricken in their pride,
The old, long tottering, faint and fall;
Master and scholar, side by side,
Through the dark portals silent glide,
That open in life's mouldering wall
And close on all.

Our friend's, our teacher's task was done,
When mercy called him from on high;
A little cloud had dimmed the sun,
The saddening hours had just begun,
And darker hours were drawing nigh:
'Twas time to die.

A whiter scul, a fairer mind,
A life with purer course and aim,
A gentler eye, a voice more kind,
We may not look on earth to find.
The love that lingers o'er his name
Is more than fame.

These blood-red summers ripen fast;
The sons are older than the sires;
Ere yet the tree to earth is cast,

The sapling falls before the blast;
Life's ashes keep their covered fires—
Its flame expires.

Struck by the noiseless, viewless foe,*
Whose deadlier breath than shot or shell
Has laid the best and bravest low,
His boy, all bright in morning's glow,
That high-souled youth he loved so well,
Untimely fell.

Yet still he wore his placid smile,
And, trustful in the cheering creed
That strives all sorrow to beguile,
Walked calmly on his way awhile:
Ah, breast that leans on breaking reed
Must ever bleed!

So they both left us, sire and son,
With opening leaf, with laden bough:
The youth whose race was just begun,
The wearied man whose course was run,
Its record written on his brow,
Are brothers now.

Brothers!—the music of the sound
Breathes softly through my closing strain;
The floor we tread is holy ground,
Those gentle spirits hovering round,
While our fair circle joins again
Its broken chain.

FOREIGN INTELLIGENCE.—Prof. Solbrig, of Munich, has been appointed Prof. of Legal Medicine at Berlin in place of Casper, lately deceased, who left his fortune of 500,000 Rix thalers to the University.

The daughter of Priessnitz, the founder of the cold-water-cure and a non-believer in vaccination, recently died in Kaschau of smallpox.

From a comparison of the statistics of 21 nations in Europe and America, it appears that one blind person is found among 1267 persons. The limits are: in America 1: 2489, in Norway 1: 540.

According to a recent investigation in France, the public and private institutions for the insane were found to contain 26,000 inmates; or one insane person to every 1350 inhabitants.

* For the information of our distant readers we would state, that Dr. Robert Ware died during the siege of Little Washington, from disease brought on by over-exertion as Surgeon of the Forty-fourth regiment Mass. Volunteers.

The Emperor Maximilian I. has bestowed the grand cross of the Guadeloupe Order upon Prof. Skoda.

Prof. Langenbeck has been appointed Surgeon-General of the Prussian army, and has gone to Schleswig-Holstein.

Prof. Oppoltzer has been chosen honorary member of the Russian Imperial Society of Physicians.

Messrs. Longman & Co. announce the publication of an abridgment of Copland's Medical Dictionary, brought down to the present state of medical science by the author, and Comparative Anatomy and Physiology of Vertebrate Animals, by Prof. Owen. Mr. R. B. Carter has translated Zander's "Ophthalmoscope; its varieties and uses," from the German.

In a recent communication to the Paris Academie des Sciences, M. Garrigou states that bones of the *Ursus speleus* had been found in caves, bearing evidence of having been broken by man in the same way as the long bones of the reindeer are to this day by northern nations, for the purpose of extracting the marrow,—thus proving the contemporaneity of man and this fossil bear.

The most recent excavations at Pompeii have yielded, besides a bronze statuette of Silenus, another most important discovery. Hitherto, no well with water had ever been found in Pompeii; during these excavations, however, a subterranean room was laid open, with a well 25 metres in depth, in which the most excellent drinking water was found.

Prof. Waitz, of Marburg, author of the recent work, "Anthropologie der Naturvölker," has died, with his great work unfinished.

THE Commencement and Anniversary of the Long Island College Hospital was held in Brooklyn, N. Y., on the evening of the 1st inst., when the degree of M.D. was conferred on thirty-seven candidates. The address to the graduates was delivered by Prof. J. C. Hutchinson, M.D.; an elegant gold chain was presented, in behalf of the class, to Prof. E. N. Chapman; and a resolution complimentary to the Professor of Therapeutics and Materia Medica was passed.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, JULY 2d, 1864.

DEATHS.			
	Males.	Females.	Total.
Deaths during the week	51	55	106
Ave. mortality of corresponding weeks for ten years, 1853—1863,	33.3	30.6	63.9
Average corrected to increased population	00	00	70.3
Death of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, July 2d, 106. Males, 51—Females, 55.—Accident, 2—anaemia, 1—apoplexy, 1—congestion of the brain, 3—disease of the brain, 5—bronchitis, 2—cholera infantum, 5—consumption, 10—convulsions, 5—croup, 5—diarrhoea 3—diphtheria, 3—dropsy, 3—dropsy of the brain, 3—drowned, 2—dysentery, 1—dyspepsia, 1—eczema, 1—epilepsy, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 2—furunculus, 1—gangrene, 1—disease of the heart, 5—infantile disease, 1—intemperance, 1—disease of the kidneys, 2—inflammation of the lungs, 5—marasmus, 4—measles, 7—paralysis, 1—peritonitis, 1—scalded, 1—sunstroke, 2—teething, 1—unknown, 8—gunshot wounds, 1.

Under 5 years of age, 55—between 5 and 20 years, 7—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 10. Born in the United States, 82—Ireland, 13—other places, 11.